## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	
	C C00489856
Check if 24-hour report X 48-hour report New report Amends report filed on	
Full Name of Payee	Date of Public Distribution/Dissemination
DDC Advocacy	08 08 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 174 Waterfront Street, Suite 500	Amount
City State Zip Code	47003.96
National Harbor MD 20745	Transaction ID : SE.5522  Date of Disbursement or Obligation
Purpose of Expenditure online advertising Category/ Type	08
Name of Federal Candidate Support Offic	e Sought: House District:
Mary Michelle Nunn Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	ee Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Disb	pursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	47003.96
	4
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	47003.96
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
	08
Signature	